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FACSIMILE TRANSMISSION

Date: 3/13/2007
To: USPTO
Fax No.: 571-273-8300
Subject: **Amendment**

Pages: 14 (including this page)
From: Cynthia K. Nicholson

Comments:

Applicant: Lee	Serial No.: 10/692,793
Filing Date: 10/272003	Atty Dkt.: 113708.129

Title: COMPUTER ASSISTED AND IMPLEMENTED PROCESS AND SYSTEM FOR ANNOTATING AND/OR LINKING ...

Attached please find:

(1) Transmittal form;
(2) Fee transmittal form;
(3) Notice of Appeal;
(4) 9-page Amendment; and
(5) PTO Form 2038 (Credit Card Payment Form).

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 571-273-8300) on 13 March 2007.
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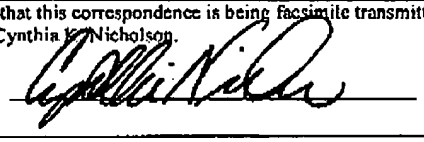
Signature: 

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)			
		Application Number	10/692,793
		Filing Date	10/27/2003
		First Named Inventor	Lee
		Art Unit	2176
		Examiner Name	Quoc A. TRAN
Total Number of Pages in This Submission		Attorney Docket Number	113708.129

ENCLOSURES *(Check all that apply)*

☑ Fee Transmittal Form	☐ Drawing(s)	☐ After Allowance communication to (TC)
☑ Fee Attached	☐ Licensing-related Papers	☐ Appeal Communication to Board of Appeals and Interferences
☑ Amendment / Reply	☐ Petition	☑ Appeal Communication to TC Appeal Notice
☑ After Final	☐ Petition to Convert to a Provisional Application	☐ Proprietary Information
☐ Affidavits/declaration(s)	☐ Power of Attorney, Revocation Change of Correspondence Address	☐ Status Letter
☐ Extension of Time Request	☐ Terminal Disclaimer	☐ Other Enclosure(s) (please identify below):
☐ Express Abandonment Request	☐ Request for Refund	
☐ Information Disclosure Statement	☐ CD, Number of CD(s) _____	
☐ Certified Copy of Priority Document(s)	☐ Landscape Table on CD	
☐ Reply to Missing Parts/ Incomplete Application		
☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	13 March 2007	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Cynthia K. Nicholson	Date	13 March 2007

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FEE TRANSMITTAL

Application Number	10/692,793
Filing Date	10/27/2003
First Named Inventor	Lee
Examiner Name	Quoc A. TRAN
Art Unit	2176
Attorney Docket No.	113708.129

☑ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 250

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ None ☑ Other (please identify): PTO Form 2038 (Credit Card Payment Form)

☑ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES	Small Entity	SEARCH FEES	Small Entity	EXAMINATION FEES	Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
____ - 20 or HP =	____ x	____ =	____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
____ - 3 or HP =	____ x	____ =	____

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	
Fee ($)	Fee Paid ($)
____	____

3. APPLICATION SIZE FEE

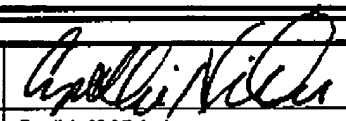
If the specification and drawings exceed 100 sheets of paper, the application size fee due is $ ($ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
____ - 100 =	____ / 50 =	____ (round up to a whole number)	x ____	= ____

4. OTHER FEE(S)

	Fees Paid($)
Non-English Specification, $130 fee (no small entity discount)	
Other: Notice of Appeal (small entity)	250

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,880	Telephone (703) 707-9110
Name (Print/Type)	Cynthia K. Nicholson		Date 13 March 2007